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<b>Attention:</b> Attn: Group Art Unit 1795	<b>From:</b> Travis Dodd
<b>Fax:</b> 571-273-8300	<b>Fax:</b> 818-833-2065
<b>Phone:</b>	<b>Phone:</b> 818-833-2014
<b>Company:</b> U.S. Patent and Trademark Office	<b>Company:</b> Quallion LLC
	<b>Pages:</b> Total of (20) Pages
<b>Re:</b> Application Serial No.: 10/810,081 Title: ELECTROLYTE INCLUDING POLYSILOXANE WITH CYCLIC CARBONATE GROUPS Filed: March 25, 2004 Examiner: BEST, Zachary Group Art Unit: 1795 Attorney Docket No.: Q199-US1	<b>Date:</b> March 23, 2009

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Amendment Transmittal Letter (1 page)  
Fee Transmittal (1 page)  
Amendment (17 pages)

Lisa K. Robbins

(Name of Person Signing Certificate)

(Signature)

**Quallion LLC**

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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MAR 23 2009

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/810,081
		Filing Date	March 26, 2004
		First Named Inventor	Robert West et al.
		Group Art Unit	1795
		Examiner Name	BEST, Zachary
Total Number of Pages in This Submission		Attorney Docket Number	Q199-US1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> Amendment Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

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The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.


Respectfully submitted,

Dated: 03/23/2009

Phone: (818) 833-2003

Fax: (818) 833-2065

By:

  
 Travis Dodd  
 Attorneys for Applicant(s)  
 P.O. Box 923127  
 Sylmar, CA 91392-3127

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: _____			
Typed or printed name	TRAVIS DODD		
Signature		Date	

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## FEE TRANSMITTAL

Attorney Docket No.	Q199-US1
First Named Inventor:	WEST, Robert et al.
Application Number	10/810,081
Filing Date:	March 25, 2004
Examiner Name:	1795
Group/Art Unit:	Best, Zachary

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ .00</b>
<b>METHOD OF PAYMENT (check One)</b>	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other - Credit Card

## 2. UTILITY Basic Filing Fee &amp; Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$330.00	\$165.00	\$0.00
Total Claims	59 - 65 =	0	X \$52.00	X \$26.00	\$0.00
Independent Claims	4 - 8 =	0	X \$220.00	X \$110.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$390.00	\$195.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$220.00	\$110.00	\$0.00
Reissue filing fee	\$330.00	\$165.00	\$0.00
Provisional filing fee	\$220.00	\$110.00	\$0.00
Total of above Calculations =			\$0.00

## 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	03/23/2009